## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

AFTER

1" AMENDMENT

**AS FILED** 

SERIAL NO. FILING DATE 10/ 582617 APPLICANT(S)

**CLAIMS** 

AFTER

2 <sup>nd</sup> AMENDMENT

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TOTAL CLAIMS			23			

PTO - 1360 (REV. 11/04)

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